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RAPID SELF-HYPNOSIS: A SUGGESTION METHOD FOR SELF-CONTROL

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Auto-hipnosis rápida: un método de sugestión para el auto-control. Se describe un método estructurado de auto-hipnosis "despierta" -auto-hipnosis rápida-, creado desde una vertiente cognitivo-comportamental y validado empíricamente. Se detallan algunas de sus aplicaciones clínicas desde una perspectiva de habilidades generales de afrontamiento y auto-control. En ellas se enfatiza la utilización de las sugestiones en la vida cotidiana, mientras la persona realiza su actividad, con los ojos abiertos y estando activo. Se evitan referencias a estados alterados de conciencia, trance o aspectos esotéricos de la hipnosis.

A structured self-hypnosis method -rapid self-hypnosis- is described. This method has been created from a cognitive-behavioral perspective, and has received empirical validation. Some clinical applications of rapid self-hypnosis are shown from a coping skills and self-control orientation. From this perspective, the use of the method in everyday activities are emphasized. Clients can use suggestions while keeping their eyes open and being active. Mention to altered states of consciousness, trance o esoteric ideas is absolutely avoided.

Role of hypnosis and self-hypnosis in cognitive-behavioral interventions

The interest on hypnosis as an area of research, has burgeoned in the last decades at a level only comparable to that at the end of the last Century. Only lack of specific knowledge can bring about the rejection of a series of procedures that are proving to be of considerable importance as adjuncts to psychological treatments, particularly cognitive-behavioral ones (Lazarus, 1973; Kirsch, Montgomery, & Sapirstein, 1995). The tendency to include hypnosis within psychological treatments is prevalent in the other advanced countries (Capafons, 1995a). The rejection of hypnosis among some psychotherapists can only be explained by myths and wrong beliefs (Capafons, 1998). It is also true, nonetheless, that a change in this attitude is exemplified by the prominent manuals of behavior modification published recently in Spain (e.g., Caballo, 1991; Labrador, Cruzado & Muñoz, 1993; Vallejo & Ruiz, 1993). They include chapters on hypnosis although, paradoxically, only one is written from a cognitive-behavioral perspective, in contrast with the main approach of such manuals.

Hypnosis is a very efficient way to use suggestion, but not the only one (Amigó,

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1992; Capafons & Amigó, 1993a, 1993b). As with other forms of suggestion deployment, it reduces the effort and time necessary to bring about behavioral change (Capafons, 1994; Capafons & Amigó, 1995). The media, stage shows and literature have portrayed hypnosis as a method to erase the subject's will. Although this «robotic portrait» is inaccurate, patients typically ask for this type of methods, because they are unaware of the other types. The seminal work of Lazarus (1973) showed that fulfilling the clients' demands and choices with regard to hypnosis enhances therapeutic results. Thus, it is advisable to apply «hypnosis» when the patient requests it, after clarifying its possibilities, so as to avoid undesirable reactions among the clients (Capafons, 1998).

Hypnosis can, however, bring about difficulties when dealing with some problems. Such difficulties are mostly centered on the issues of asking patients to close their eyes, to relax, and to adopt postures conducive to sleepiness, heaviness and muscle flaccidity. The therapist often needs to have a rapid communication with the patient, to evaluate the effect of suggestions and to apply some specific therapeutic procedures (e.g., in vivo exposure). This kind of problems brought about the development of Emotional Self-Regulation Therapy (Amigó, 1992; Amigó & Capafons, 1996; Capafons, 1994, 1995 b; Capafons & Amigó, 1993a, 1993b). This procedures uses «waking» suggestions, while patients have their eyes open, are alert, and have an ongoing dialog with the therapist.

It is clear that there are other ways to «induce» hypnosis, such as expanding awareness («hyperempiria,» Gibbons, 1979) or active-alert methods (Bányai, Zseni, & Túri, 1993l; Capafons, 1998). These methods, but particularly Bányai's, emphasize physical and mental alertness. She encourages muscular activity to «hypnotize» the patients, mainly using an ergonomic bicycle in which the patients keep on pedaling to activate the body. To the extent that the patient can open the eyes, claim Bányai et al., the potentials of hypnosis can be best utilized. Indeed, being able to create a situation in which the client is open to «hypnotic» suggestions, without having to close the eyes or get «sleepy», extends the range of possible suggestions, increases the client's motility (for role playing, in vivo exposures, etc) and, above anything else, fosters the active participation of the client in effecting behavioral changes.

Nonetheless, the Bányai methods (Gibbons' hyperempiria does not solve the issue of closed eyes enough) have their difficulties. For instance, the requirements of an ergonomic bicycle or a large room in which the patients may walk can be difficult or awkward (Capafons, 1998). In fact it was found that about a 30% of experimental participants drop out from the bike method (Cardeña, Alarcón, Capafons, & Bayot, 1998). In addition, pedaling may be dangerous for some patients suffering from heart illnesses. Pedaling or walking fast can produce sweating or fatigue, and are difficult to generalize to everyday life as self-hypnosis methods.

Although another method is proposed as an alternative for solving many of these problems («awake-alert hypnosis», Capafons, 1998), it is not thought as a self-hypnosis method. Self-hypnosis is necessary when the therapist needs to generate a sense of self-determination in the patient (as opposed to be dependent on the therapist) and/or when additional practice in hypnosis is necessary.

For all of these reasons it was proposed a procedure that would link hypnosis to self-regulation therapy, in its sense of «waking hypnosis». This procedure would satisfy those patients who want to be hypnotized, allowing them to be «activated» so as to fo-

llow suggestions quickly, certainly and in a concealed way. The purpose is to include hypnosis as one of the procedures for the active management of stress (Denney, 1983), particularly in the frame of the teaching of applied relaxation of Hutching, Denney, Basgall and Houston (1980). According to the logic of these procedures, the patient learns how to relax, usually as a variation of Jacobson's (1938) progressive muscular relaxation, so that later on the patient can relax quickly in order to handle stress. The approach of Hutchings et al. also emphasizes the use of relaxation in the patient's everyday life by adapting the exercises to the needs of the clients so that they can do them without anybody else noticing. In this way, the person can relax «in situ» (whenever there is a problem), which allows for in vivo shaping of the relaxation. The person will also perceive this as an active technique to reduce stress.

Thus, the self-hypnosis method had to fulfill the following requirements: 1) Use rapid «self-hypnotizing» so as to allow it to be maximally used in the everyday activities of the clients. 2) Alongside with the previous point, the exercises should be done in a «concealed» way, also keeping the eyes open, so that they would not be noticed by others. 3) Finally, the exercises should optimize the likelihood that people would have certain experiences than could be easily though of as «hypnotic» (Capafons, 1998; Capafons & Amigó, 1993b), while interfering minimally with everyday tasks. For this reason, the use of «goal-directed fantasy» (Spanos, 1971) should be minimized because not everyone can imagine vividly and intensely, and vividness of imagery is not highly correlated with the ability to respond to hypnosis.

Much of the literature on self-hypnosis is, and has been, concerned with the process of self-hypnosis, not with induction methods. Some examples include the work of Ruch (1975), Fromm (Fromm & Kahn, 1990), Johnson (Johnson, 1979), Brown, Forte, Rich and Epstein (1982-83), and Orne and McConkey (1981).

Paradoxically, self-hypnosis is systematically used either as an adjunct to «heterohypnosis» treatments, or as the basic procedure of other «hypnotic» procedures for a great variety of alterations and problems (Ganer, 1984; Martínez-Tendero, 1995; Sanders, 1993). Nonetheless, as mentioned there are very few structured self-hypnosis induction methods, specially awake self-hypnotic methods. Only those of Wollman (1978) and H. Spiegel & D. Spiegel (1978) have a very detailed and structured format. The majority of these self-hypnosis induction methods, including that of Spiegel & Spiegel, are variations of heterohypnotic methods, which makes them similar. This similarity carries the limitations we have mentioned: closed eyes, have to practice at home in a particular context, intense use of imagery and meditation, etc. In addition, some forms of self-hypnosis are just post-hypnotic suggestions in which the client is given a cue that needs to be activated to again «enter» into the «hypnotic state.»

Only the method by H. Spiegel and D. Spiegel (1978) attempts to adapt self-hypnosis exercises to the needs of the patient. Despite this, the client must keep the eyes closed. Other problem are the requirements of asking the client to roll the eyes upwards, which is difficult or bothersome for many people, and requesting arm levitation, which many people find difficult because when they are relaxed they feel their arms to be heavy rather than light. Last, empirical research (Martínez-Tendero, 1995) shows that 60% of the people who used the Spiegels' method needed to use their imagination to experience a floating sensation after closing the eyes and exhaling, and 76.6% of participants were really able to have that sensation. Only 26.6% of participants were able to sen-

se a floating sensation at the end of the procedure. By the same token, it was found out that 76.6% needed to use imagery to experience arm levitation; thus, people with little imagination have an additional burden. Furthermore, 74.4% of the participants did not experience flotation, necessary, according to the Spiegels', to produce relaxation, and 63.4% did not really show arm levitation, one important response to persuade clients that they are «hypnotized». Some of the participants complained about having to roll the eyes upward, as they experienced dizziness, tremor, pain in the eyes when lifting them and even headaches. Finally, 13% had difficulties in keeping the eyes rolled upwards while they lowered the eyelids.

Considering the dearth of structured self-hypnosis methods that are applicable to every day circumstances in an unobtrusive way, and the need to link hypnosis to self-regulation therapy, I decided to create a new procedure that we called rapid self-hypnosis (RSH), which is now described.

The rapid self-hypnosis method (RSH)

The rapid self-hypnosis method has three very structured steps. All of them, but particularly the first two, are designed to instigate sensations of relaxation, heaviness and immobility. The behaviors suggested in this method are ways to obtain these reactions, so that the client will not only not «doubt» that they are «tricks» but, on the contrary, will have the certainty that the exercises are indeed muscular «tricks» to get the reactions suggested by the therapist. This frameworks seeks to ensure the collaboration of the clients to promote responses to suggestions. The therapist must indicate that the exercises seek to obtain natural reactions and that the clients are our allies in making the therapeutic suggestions work.

The Method to train self-hypnosis is based on Applied Functional Behavior Analysis. It consists in shaping a behavior through successive approximations to a goal, verbal explanations, modeling, and the chaining of behaviors. The various steps are taught in isolation and then they are linked, with the assumption that reinforcements are social (provided by the therapist), proprioceptive (the successful experiencing of reactions following therapeutic suggestions) and self-administered (clients' self-efficacy). The ability to respond is then generalized to new therapeutic suggestions, without the need for further shaping exercises.

The whole procedure is akin to a process of stimulus fading and generalization. The therapist's instructions, the instigating exercises and the sensations of heaviness are faded, although the last two can still be used to maintain the habit and optimize overlearning, or when relaxation is needed.

Steps of rapid self-hypnosis

Before learning the steps, the therapist must explain the logic of the method more or less as follows: « There are many ways to induce hypnosis very rapidly, in a matter of seconds. We are going to use two of them. I have chosen them because they are very powerful and can be used in such a way that they will go unnoticed in everyday life. We will use hand-shaking and falling backwards (assuming that the client's susceptibility to hypnosis has been ascertained through the exercises of falling backwards and fingers-interlacing; see Capafons & Amigó, 1993a, 1993b). When I measure your hypnotic susceptibility, we did an exercise in which I suggested that you would fall backwards, and another one in which I asked you to interlace your fingers and notice a sensation of paralysis, that you could not separate them. Do you remember them? Well, these two exercises can be modified into fast methods to induce hypnosis. And that is what we will do next, only now as a

form of self-hypnosis. Don't worry, the exercises we will practice are designed so that you won't fall to the floor and get hurt.»

Hand-clasping

After explaining the steps, the therapist clasps his or her hands without interlacing the fingers and without pressing them against each other. The client is told that «This way is useful so that I won't get hurt if I wear rings or jewelery. It is also helpful with individuals who suffer from rheumatism, arthritis, etc.»

Next, the therapist takes a deep breath and during the exhalation lightly presses each hand against the other. At that moment, the patient is told «Pay attention. It is very important to just exert a light pressure as you very slowly exhale. It is not appropriate to exhale abruptly or to use much pressure. It is not a matter of using a lot of pressure, but only enough to notice later on the sensation of heaviness in the arms. Making them feel tired in this exercise, it will be easier later on to notice their heaviness as we do an exercise of arm immobility. Slow breathing will help us notice general sensations of heaviness and relaxation. Remember that we will use anything that will help us experience those sensations. Now, I am going to repeat the exercise twice, without relaxing the hands as I inhale (the therapist demonstrates). You must now do the exercise. (the client does the exercise, as the therapist helps and corrects as necessary).»

It may be useful to be very clear with the patients that with each exhalation they must very lightly press each hand against the other, so that by the third exhalation there is a level of pressure that is mild but strong enough to notice heaviness in the arms and hands when they are suddenly dropped on the legs.

On the other hand, some people exhale too rapidly or abruptly. If the client finds it difficult to exhale slowly, the therapist can ask him/her to imagine a candle 25 cms. away from the mouth. As the client exhales, the flame must move but not go out. That is how softly the exhalation must be. If the patient cannot imagine that, or cannot exhale slowly, the therapist can use a real candle so that the patient will learn to move the flame without turning the candle out. Once this has been achieved, it is time to continue to go to the next exercise, after verbally reinforcing the patient: «Very good, you are learning very fast. This is a good sign that you can use this method successfully. Now we are proceeding to the next step, falling backwards.»

Falling backwards

Here the therapist models the exercise and says the following: « I am now reclining into the sofa so that I will be comfortable. This is the position that I will be in when I let myself fall backwards. Next I will lean forward, separating my back from the back of the sofa some 10 cms., and then I will let myself fall backwards, in a similar way as what I would do if I were sitting upright and I wanted to be more comfortable. (The therapist lets him/herself fall backwards twice of thrice). When I do this, I notice a sense of muscle relaxation (by being more comfortable) and of momentary paralysis. This light paralysis is a natural reaction. This is not a «hypnotic» reaction but a biological response that will help us evoke a later response, which is very important to activate our mind and enter self-hypnosis. Now you should repeat this exercise. You will see that it is not difficult or uncomfortable, but you must practice so that you can end up in a comfortable position and in such a subtle way that no one will notice anything. (The client repeats the exercise a number of times). All right, now we are going to link both steps. Afterwards, I will give you

some suggestions so that you can focus on sensations of heaviness and paralysis.

You know that if you do not interfere you will notice the reactions that I will propose to you. You will also know that if you do not like them, you can interrupt them any time and without difficulty, so I will ask you to collaborate as much as possible.»

Chaining of the two steps

As with the other two, the therapist models this exercise, separating from the back of chair, shaking the hands and inhaling. At the moment of exhalation, the therapist lightly will press the hands against each other and will exhale slowly. Next he or she does it again twice, without relieving the pressure on the hands with each inhalation, as we mentioned above. When the therapist has finished shaking the hands with the last exhalation, he or she abruptly lets the hands fall on the legs and the back on the back of the chair, while explaining to the client what is happening.

Next, the therapist asks the client to do the same, assisting and correcting the client in a kind and encouraging way, while explaining what reactions should be occurring. «As you may have seen, the hands are very heavy, actually all of your body is heavier and you notice that you are lightly relaxed. (Some people get very relaxed at this stage; if this occurs, the therapist should show surprise and indicate that this is a good signal of what is to come). This allow us to stimulate the reactions of the following step (i.e., the sensation of relaxation instigates a sensation of immobility).»

If the clients indicate that they do not experience anything of what we have described, we should suspect that they are interfering, since the exercises are designed to let anybody experience heaviness and relaxation. Martínez-Tendero has shown experimentally that 90% of the people that used rapid self-hypnosis felt great heaviness, of which only 43% also had to use imagery to achieve heaviness. Hence, if the patients state that they do not feel heaviness, the therapist must interrupt the session and find out what the problem is. It could be fear of hypnosis, disbelief about what the person is experiencing, fear of being hurt, or disappointment that the method is not powerful or «esoteric» enough. Until those fears and doubts are eliminated, the therapist should not proceed to the following step (cf. Capafons, 1998). If the client does not succeed event after exploring fears and inhibitions, another procedure such as emotional self-regulation or non-suggestive therapies may be applied.

Once the client dominates the previous sequence, the therapist goes to the following stage: body immobility.

Body immobility

«Now - says the therapist- you will repeat the sequence you just learnt, and when you have "fallen backwards", I will give you suggestions to feel your hands more and more glued to your legs. When it becomes very difficult to separate the hands from the legs, or you feel so heavy and relaxed that you feel too lazy to try to separate them, you will have activated your mind and your brain, and you will be able to produce some enriching and useful responses to your problem. Remember that at any point you can interrupt those reactions. What matters here is that you may be able to use them so that you can self-administer the therapeutic suggestions in a very efficient way, and wherever and whenever you want. Is that all right?»

Once the client has again practiced shaking the hands and falling backwards, the therapist begins the suggestions: «Now, close the eyes, if you wish, and focus on your hands. One or both of them will feel heavier

and heavier, glued to the legs ... (in a slow and rhythmic voice), heavier and heavier, glued, heavier and glued, as if they were fused to the legs. To help you achieve that, and if you so wish, you can use images of a soft rope that binds your hands to your legs, or of a very powerful glue that glues your hands to your legs, or of a very heavy object that does not allow you to lift the hands. If you notice these reactions, you will notice that in a moment it will be very difficult to lift the hands, and they feel even more glued to the legs. You know that, if you wish, you can lift your hands at any point, but if you put your mind in action, if you let your brain be sufficiently activated, you will notice that you cannot separate your hands from the legs. Furthermore, the more you try to separate them, the more difficult it will be to lift them and the more they will feel glued to the legs. Try it and you will notice how difficult it is to detach the hands from the legs (the client tries to do it and »cannot«).

Very well, excellent, I notice that you are able to control your mind so that it can follow your instructions. Now, focus on your hands. They will feel lighter and lighter, and will recover their usual sensation .. that's right, you could separate them now. They are lighter and lighter . .. That's it. I will now count to three and you will «come out» of self-hypnosis, you will open the eyes (if the patient closed them) and your mind will be active, clear, with a desire to work on the problem, calm and relaxed. All right, 1..., 2... and 3 How are you feeling?»

The percentage of people who feel the hands heavy and glued is very high: 93% were able to do it, and only 54.4% needed imagery to do it (Martínez-Tendero, 1995). This shows that the method really instigates the reactions and may increase suggestibility, although this last point needs experimental corroboration.

On the other hand, some patients, after our own experience, particularly hypotensive ones (i.e., low blood pressure) show heaviness and sleepiness even after the «hypnotic» situation is over. These responses should be attributed to the individuals' talent to use the method. Next, they are simply asked to close their eyes and count to three. If they still have some difficulties, they should practice imagining, for instance, running to catch a bus, a train, or to get a sip of water when they are very thirsty on a Summer day.

Once this motor task challenge is over, clients should be interviewed to find out their reactions (Capafons, 1998). This information will allow us to adapt the exercises in future sessions to the characteristics and preferences of the client. We have mentioned that a very high percentage of people has the awareness of this challenge item even without using imagery; if such awareness is not present in our patients, we should suspect interference or we must do other exercises based on sensory recall to improve the response to suggestions (Bayot, Capafons, & Amigó, 1995).

On the other hand, clients will be told that it is important to repeat the method three times in a row during the morning, afternoon and at night. Clients are also advised to practice in various places, in accord with the principle of stimulus generalization.

Finally, our research shows that our participants deem rapid self-hypnosis as somewhat noticeable by others. Participants gave an average score of 4.2, in a scale from 0 to 10, to the item «it is not noticed by others.» The Spiegels' method got a score of 4.1 in this same scale (Martínez-Tendero, Capafons, & Cardeña, 1996). So the participants did not think that either method was covert enough to go unnoticed by others. For that reason I added a variation in which patients are told that the goal is to eliminate the steps learnt when they need to use self-hypnosis and self-administer suggestions,

so as to decrease how noticeable the steps are. We should remember that the goal of rapid self-hypnosis is to give the patient a method of self-control, to increase the sense of mastery and responsibility to self-regulate. From this perspective, to implement a post-hypnotic signal that will increase suggestibility through hetero-hypnosis is not the best solution. On the contrary, the purpose is to have the client use a self-administered procedure that will «enable» him/her to direct the use of hypnosis. So, the client is told to generate a response that will work as a «signal» to initiate the suggestive abilities. The client is introduced to the concept of sensory recall (Kroger & Fezler, 1976) in approximately these terms: «When you have mastered the steps you have learnt, you will be able to self-hypnotize in public in an ever faster and unobtrusive way, because you will not need to shake the hands or fall backwards. You must only focus on one of the arms (the one whose hand achieved the greatest paralysis) and you will start noticing how it becomes increasingly heavier and glued to the body. You are activating your sensory recall at that time, that is, you are turning on your capacity to reproduce many emotions, sensations, feelings and behaviors that you have ever experienced and that are stored in your brain (notice that when one hears a song that was associated to some event a long time ago, even if you had not heard it for a long time, one experiences feelings and sensations that were once associated to the song even though one had believed that those experiences had been forgotten). Nonetheless, our memory is not like a tape recorder. Although memory is not a faithful and exact recording of what has happened, it can nonetheless preserve the important and necessary parts of our reactions or of what occurs in the environment. Sometimes, however, we store information in an involuntary way, without our having any special interest in keeping specific images, feelings or emotions. Even though time may go by, when we listen to or smell certain stimuli, we automatically evoke the reactions we associated to them. These reactions are not an exact copy of what we experienced, but they are a similar and particularly valuable copy nonetheless. If the activated or evoked reactions are distasteful, we tend to avoid those stimuli; if they are pleasant, we will not avoid those stimuli but will likely try to preserve them. To take advantage of our sensory recall, we must train and control our mind so that it can evoke or reproduce (although not as a «carbon copy») the reactions (behaviors, images, sensations, emotions, etc.) that we experienced beforehand and that we are interested in reproducing at a particular time. To achieve this, you will not need to repeat all the steps I have taught you. You need only focus on your arm, and when the sensory recall of heaviness and immobility are activated, your arm will become heavy and immobile. You know that you can stop these sensations at any point. What matters is that when you find moving it to be very difficult, you will have activated your mind enough to start giving yourself suggestions. You will be able to keep the eyes open and hold a conversation, while simultaneously being able to relax, become active, anesthetized, or whatever you need. Do you understand what I am saying?»

Even though we are now beginning a research on the efficacy of these instructions, our clinical experience suggests that almost anybody can achieve that response. When you have obtained arm immobility, you can do other exercises that will let the patient experience various experiences that we want to effect through hypnosis (e.g., relaxation, alertness, anesthesia, changing body temperature) so that they will be convinced that they are «self-hypnotized». Besides, by using this last chain (arm dissociation), we are chaining hypnosis to self-

regulation therapy (Amigó, 1992; Capafons & Amigó, 1995). That is, we can use «hypnotic» suggestions, without a traditional formal «hypnotic» induction. All of this has the great advantage of generalizing to everyday life what has been achieved in therapy. This really allows us to use the logic of the training in applied relaxation as proposed by Hutchings et al. (1980), but with the advantage that hypnosis increases the effect of cognitive-behavioral treatments, as found by Kirsch, Montgomery and Sapirstein (1995).

Finally, we can use an additional procedure to increase the patient's understanding of the role and usefulness of hypnosis, specifically self-hypnosis. Parting from the logic of training in anxiety management (Suinn, 1990) a metaphor can be designed for helping the patients understand how they can use self-hypnosis. Suinn reports that when patients are confronted with moderate or high stress situations that might or might not be related to their specific fear, the patients noticeably improved through guided practice. The patients needed to think of relaxation as an active way to handle stress, and they also needed to interpret the signs of anxiety as a discriminative stimulus to activate their abilities to handle the situation. Therefore, the metaphor should include stressful scenes, so that clients can activate their anxiety responses, and recognize them as cues for activating the self-hypnosis skills. Besides, the metaphor should talk about some object that is apparently dangerous, but when used in a proper way can help to clients to cope with problems in everyday life. This object can become in a cue for activating these coping skills, and clients should understand that self-hypnosis is a tool for enhance the effects of effort and perseverance on the reduction of their problems.

Conclusions

Rapid self-hypnosis is a new method that links experimental research on hypnosis, made from a cognitive-behavioral perspective, to clinical practice. Its aim is to improve the efficiency of self-hypnosis methods, allowing to clients to activate suggestive processes almost in every situation and circumstance. From this point of view, rapid self-hypnosis tries to reduce the clients' dependence, encouraging them to conceptualize hypnosis as a general coping skill. Rapid self-hypnosis is an adjunt to psychological intervention that, like hypnosis, tries to enhance their effectiveness.

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